Los Ameles County Sheriff's Deparment

Officer Involved Shooting

MONTH OF THE PERSON AND THE PERSON AND THE	handen on Williams - 194 tol	States amonto Home and	Management of the second of th	n vr Cristopen	and the control of th	sec reconserver.	TORREST N. A. L. P. L. A. W. W. L.	ran merengan paneran kelongan	er, aga resonas sed	rage		000000000000000000000000000000000000000
THE RESERVE		100			1.10							
Report Date:			Bureau/Station/Facilit		4 1 0:			Admin.	Invest 2		Hit?	7
05-08	3-19	CONTRACTOR OF CASE	E	1. ACM (MARK 4-17)	os Angeles Sta	UNION AREA PROGRAMMAN	ቀስቸልሲመያቸው የሚኒኒ ሃላላ ም . 4 የሚያ	Der Krister bischer mit des beginnt auch	ne senserene		NAMES AND DESCRIPTIONS	W SOURCE STATE OF THE STATE OF
		90 o 1 16	Annual Control		ident Informati	cin .			and the state of			
URN:	016-08	468-02	50-013	D	ate:	06-11	-16	T	ime:	1	430	
City or Station:		••		N	ature of Incident:							
		Mayw	/00d	[Deputies respor	nded to	the location	n regardi	ng a fa	mily o	listurb	ance
Common A					all. The suspe							
Corona A				s	hooting occurr	ed.						
Maywood, CA 9	90270	Lighting /	check only one):		ncident Type (check	one or m	ore).	Initiated by (check on	ly one)		
(check one or more)):	_		۱Ë	Accidental	one or m	J. 57.	Arrest W		y one,		
Backyard		Darkr		[Armed Person			Call	arram			
Beach		✓ Daylig Other	•	ļĻ	Fleeing Suspect			Observa	tion			
Business		=	t Lights		Foot Pursuit Gun Take Away			One Per	son Unit			
Freeway Industrial				Ի	Moving Vehicle			Other				
Park		Weather	(circle only one):	آا	Sniper/Ambush		į	Search V				
Parking Lot		Clear			Startle]		SON OTHE			
Residence		✓ Cloud	ly	[Struggle Involved			Prior Activity	(check c	only one):	:
Rural		Fog		<u> </u>	☐ Traffic Stop ☐ Unarmed Person			Detective				
School		Rain		1	Unintentional			Inmate T	ransport			1
Street	l	Distance	0.054	٦ŀ	Vehicle Pursuit			☐ Other ☐ Routine	Dates			
Other:			6-8 feet	<u> </u>	Warrant Service				ratioi			
Total # of Shots Fired I	by Deputy	Total # of	_	۱ [Warning Shot			Aero Uni	t? [Can	ine Unit?	,
4			0		Other:	NAME OF TAXABLE PARTY.		THE ACT DE LA PROPERTY AND ACT OF THE PARTY	- Department of Contrict	minis nuncuena an	muse http://www.	
苏格尔	10分的 1		t distant		iployee Withea	00						
Employee #	Last N	ame	F	irst Na	me	MI	ShiftTime (chec		ShiftType			
							☐ EM ☐ PM		Regular			Off Duty
Employee #	Last N		atorre	irst Na	_{me} Jaime	M.I. NMI	ShiftTime (chec		hiftType Regular	·—	-	Off Duty
Employee #	Last N			irst Na		M.I.	ShiftTime (chec	k only one)	ShiftType	(check o	only one):	' — †
Z.mpre			ievas		Jose	Α.	EM PN	/ ✓ Day ✓	Regular	r 🗌 Ove	rtime _	Off Duty
	1 1988		Part All Police	100	Émployee Wiln							
Last Name	B	CONTRACTOR OF THE PARTY		223000002		First N	lame				M.I.	
Otro at Andrea			City		110.0	Zip	- W	orl y Dh		Hama [i.	
Street Addres			City			210	• • • • • • • • • • • • • • • • • • • •	017				
Last Name						First N	lame				M.l.	
						7:						
S			City			Zip	VV	ork				
Last Name						First N	Name		···		M.I.	
			City			Zip C	ado M	ork Dh		Homo	Oh.	
Street Address			City			ZIP C	VV	OT R		•		
	100		on the proper section is the con-	September 1	eshparison	10 m	() () ()		100	4118	St. Sept.	CO.
-		100	- VOICE AND STUDENTS TO SELECT AND SELECTION	4 1 5 Comp.	Se -155-150 (Sec. 1952) - 151 - 151 - 151 - 151	M.I.	(check one o	r more)		A CONTRACTOR	** *** ***	TISSHER C
Employee # La	ast Name	Morer		t Nam	e Dianne	NMI	On Duty	-		Witne	ss to sh	ooting
		Morei	Ю		Diamile	INIVI	Present d	luring shooti	ing 🗌	Involv	ed in sh	nooting
Employee # La	ast Name		Firs	t Nam	e	M.I.	(check one o	r more):				
		Park	s		Frank	E.	ÖOn Duty ✓ Present d	lurina shasti	ina 📙		ss to sh ed in sh	
						S. A. L. BRAN	✓ Present o	uring shoot	iig	IIIVOIV	au iii si	looting .
s fight.	4.5% 會議	64年4年			LABORITE IN	1	1	47, 750	4	4	M.	Cele Telephone
Employee #	Last Na	ame	- 1	_		۲	irst Name	Joel			ı√ı.	NMI
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					fatch Comman	A 100 CO. LANS						
Employee #	Last Na	ame				F	irst Name				М.	
			Salina	as				Alejand	iro			NMI

-9-	Ť	PSTD Use Only	
зн	# 2	405395	

SUPPLEMENTAL EMPLOYEE WINNESSES Los Angeles County Sheriff's Department

Page 2 of 5

Employee Withesses		and the second second second	
Last Name Gonzalez	First Name	Daniel	M.I. D.
Street Address East Los Angeles Station	Zip Code	Work Ph (323) 264-4151	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.1.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name		M.I.
Street Address	Zip Code	Work Ph	Home Ph

Officer Involved Shooting Involved Employee Information

URN: 016-08468-0250-013

Page 3 of 5

		4 19	*	livolva	f Employee	100				
E_1	Employee #	Last Name		Chinarian		First Name Eric M.I. NM				
	Sex: M Race: W	Rank: DSG		Unit Assignme East Los A	nt: Angeles Station		gnment (Unit #, Module, etc Unit 28	i.):		
	ShiftTime (circle only one): BM PM Day	ShiftType (circle only one): ✓ Regular ☐ Overtime ☐ 0	Off Duty	Intoxication/Di	rug Usage?	Substance				
	Hospital Admission?	Hospital Name:		Coroner Case	? [Coroner C		Interviewed?		
	Hrs of sleep prior to shooting 5.5 - 6 hours		Plain ((circle only one) Clothes no Vest	Raid Jacket w/ Vest	Other Fac	tors:			
		5'08" Weight: 185	Raid J		Uniform no Vest ✓ Uniform w/ Vest	<u>L</u>				
	Range Qualification Date:			alification Date			aser Training Date:	Directed Force:		
	Certified with Weapon Used? Weapons Fired	Patrol Certification?		ation Unit:	Prior Shoo Weapons Fired	tings?	Shootings:	# Shots		
	Brand: Beri	etta 9mr	n	4	Brand:	First Nam	ne	M.I.		
	Field Training Officer Emp #					First Nam	ne	M.I.		
			V (34.7 W. 5 STATE			g et allen er en et				
E	Employee #	Last Name				First Nar		M.I.		
	Sex: Race:	Rank:		Unit Assignme	ent:	Work Assi	gnment (Unit #, Module, et	0.):		
	ShiftTime (circle only one): BM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty	Intoxication/D	rug Usage?	Substance	e Used:			
	Hospital Admission?	Hospital Name:		Coroner Case	9? []	Coroner C	Case #	Interviewed?		
	Hrs of sleep prior to shooting	Duty Time (hrs):		(circle only one) Clothes no Vest	Raid Jacket w/ Vest	Other Fac	etors:			
	Age: Height:	Weight:	Raid .	Clothes w/ Vest Jacket no Vest	Uniform no Vest Uniform w/ Vest					
	Range Qualification Date:		PPC Qualification Date:				aser Training Date:			
	Certified with Weapon Used?	Patrol Certification?		ation Unit:	Prior Sho	ootings?	Number of Prior Shootings:	Directed Force: # Shots		
	Weapons Fired Brand:	Caliber	# S	hots	Weapons Fired Brand:	First Nam		M.I.		
	Field Training Officer Emp #					First Nan		M.I.		
	Field Training Officer Emp #	Last Name	es processors	See See See		r iist ivaii	nie	W.T.		
E_	Employee #	Last Name				First Na		M.I.		
	Sex: Race:	Rank:		Unit Assignme	ent:		ignment (Unit #, Module, et	(c.):		
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty	Intoxication/E	rug Usage?	Substanc				
	Hospital Admission?	Hospital Name:		Coroner Cas	e?	Coroner	Case #	Interviewed?		
	Hrs of sleep prior to shooting	g: Duty Time (hrs):		(circle only one Clothes no Vest): Raid Jacket w/ Vest	Other Fac	ctors:			
	Age: Height:	Weight:	Raid	Clothes w/ Vest Jacket no Vest	Uniform no Vest Uniform w/ Vest					
	Range Qualification Date:	PPC Q	ualification Date			Laser Training Date:	Dispeted Force:			
	Certified with Weapon Used?	Patrol Certification?	<u> </u>	ation Unit:	Prior Shows Fired	ootings?	Number of Prior Shootings:	Directed Force: # Shots		
	Weapons Fired Brand:	Caliber	# >	Shots	Brand:	First Nar		M.I.		
	Field Training Officer Emp #						Trachano			
	Field Training Officer Emp #		20.000	First Name						

Officer Involved Shooting Suspect Information

_	ÚRN	:

016-08468-0250-013

Page 4 of 5

		5	uspect li	nformation				
s 1	Last Name	Duran		First Nar		Jesus	м.і. A.	
	AKA Last Name			First Nar	me		M.I.	
	Sex: M Race: H	Street Address		City			Zip Carla	
	Work Phone: Unknown	Home Phone:	Social Secu	· *		Driver's Licens		
	Age: 31 D.O.B. 05-10-85	Height: 5'11" Weight: 148	FBI#			CII#		
	Booking #	Primary Charge:		Second	tary Charge:			
	Coroner Case?	Coroner Case #		Intoxication/Drug Us	age? 🗸	Substance Used: Methamph	etamine	
	Armed? ✓	Apprehended?		Mentai Illness? ✓		Criminal History?		
	Vehicle Make Model:	Year:	Parol	e: No f	Probation: No	Prior Felony (Conviction: No	
s	Last Name			First Na			M.I.	
	AKA Last Name			First Na	me		M.I.	
	Sex: Race:	Street Address:		City			State & Zip Code:	
	Work Phone:	Home Phone:	Social Secu	urity #:		Driver's License #:		
	Age: D.O.B.	Height: Weight:	FBI#			CII#		
	Booking #	Primary Charge:		Second	dary Charge:			
	Coroner Case?	Coroner Case #		Intoxication/Drug Us	sage?	Substance Used:		
	Armed?	Apprehended?		Mental Illness?]	Criminal History?		
	Vehicle Make Model:	Year:	Parol	e: I	Probation:	Prior Felony	Lonviction:	
s	Last Name			First Na	me	A TOTAL OF THE PARTY OF THE PAR	M.I.	
	AKA Last Name			First Na	me		M.I.	
	Sex: Race:	Street Address:		City			State & Zip Code:	
	Work Phone:	Home Phone:	Social Sec	urity #:		Driver's License #:		
	Age: D.O.B.	Height: Weight:	FBI#			CII#		
	Booking #	Primary Charge:		Secon	dary Charge:			
	Coroner Case?	Coroner Case #		Intoxication/Drug Us	sage?	Substance Used:		
	Armed?	Apprehended?		Mental Illness?]	Criminal History?		
	Vehicle Make Mode	Year:	Paro		Probation:	Prior Felony		
s	Last Name		V	First Na	ame		M.I.	
	AKA Last Name			First Na	ame		M.I.	
	Sex: Race:	Street Address:		City			State & Zip Code:	
	Work Phone:	Home Phone:	Social Sec	curity #:		Driver's License #:		
	Age: D.O.B.	Height: Weight:	FBI#			CII#		
	Booking #	Primary Charge:		Secon	ndary Charge:			
	Coroner Case?	Coroner Case #		Intoxication/Drug U	sage?	Substance Used:		
		4 b d - d 2		Mental Illness?	7	Criminal History?	I	
	Armed?	Apprehended? Year:	Paro		Probation:	Prior Felony	<u> </u>	

Page 5 of 5

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	第5分钟		Rollout Informa	llon			
Arrival Date	06-11-16	Arrival Time 1720	Date Submitted	05-08-19	Date of Recommendation		
Employee #	Last Name	Maldon	nado	First Nam	e Albert	M.I.	M.
Employee #	Last Name	Ham	nil	First Nam	e Jeffrey	M.I.	F.
Employee #	Last Name	Valle	е	First Nam	e Paul	M.I.	S.
(18) M (18)		Shoot		(0) (1) (1) (0) (1)			7.44

美名		SEEAN!	的解析學學學				医					
Meth	od					Typ	e of Injur	ν		Bod	y Par	t Injured
(AW) (BC) (BI) (BF) (CN) (CR) (CT) (TD) (CE) (OC) (TG) (EX) (FR) (FS) (FO) (FB) (FL) (OE)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Tec Control Holds:(Takedown) Chemical Agents (OC Spr Chemical Agents (Tear Ga Explosives Firearm (Handgun) Firearm (Rifle) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	edown) ay)	(OV) (OB) (OO) (PK) (PF) (PH) (PP) (PP) (CX) (RH) (HB) (TP) (RF) (SP) (SH) (SG) (ST) (TR) (UC)	Other Weapon Personal We Personal We Personal We Personal We Resistance Restraint De Restraint D	on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice:REACT Belt	(AB) (BR) (BU) (CP) (CO) (DH) (DB) (FR) (GS) (HB) (LC) (ND) (OD) (PA) (ST) (UN)	Abrasion Bruise Burn Complaint Concussio Death Dislocation Dog Bite Fractures Gunshot Human Bi Laceration Nerve Dar Organ Dal Paralysis Puncture v Soft Tissu Sprain/Tw Unconscio	te of Pain on te s mage mage Wound e Dama rists ous	ge	(AD) (AK) (AR) (AR) (AR) (AR) (AR) (AR) (AR) (AR	Abb And	domen kle n ck ttocks est oow ce et gers nitals oin nd ad o ernal ees g ck
(AK) (BN) (BR) (CO) (CO) (CO) (GL) (HA) (HI) (HK) (IT)	AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Iver Johnson Jennings Lorcin Luger Marlin Mossberg NCI aka SKS North Americ Norinco Raven Remington RG RGI	(SW) (SR) (SS) (ST) (TA) (WE)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(12) (20) (21) (22)	NONE 9 mm 10 mm 12 guage 20 guage 22-250 22 caliber 223 caliber	(24) (25) (30) (35) (36) (38) (40)	.243 ca .25 calii .308 ca .357 ca 30-60 c .38 calii .40 calii	ber liber liber aliber ber	(41) (44) (45) (50) (SL) (WW)	.410 guage .44 caliber .45 caliber 50 mm Slug Other caliber

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S1	E1	OE	XX				NN	NN
E1	S1	FH	BR	9	Y	Y	GS	AR, BK

Los Angel نے County Sheriff's _epartment Supervisor's Report on Use of Force Page 1 of 4

		Incident Info	ormation				
	URN: 0 1 6 - 0 8 4 6 8 - 0 2 5		1	06-11-16	Time:	1430	
	Location: Corona Ave	nue	City or Station		Maywood		
	Bureau/Station/Facility: East	Los Angeles Sta	ation	Admin. Inve	estigation:	O YES ● NO	
	Type of Force: Taser and Firearm						
	Incident Category: 01 02 03	Deputy	S • NO Sus	NO Suspect Injury YES NO			
	☐ Call ☐ Observation		Detail	☐ Foot Purs	suit 🗌	Vehicle Pursuit	
	IAB Notified: YES NO Person Notified:	Lt. Maldona			IAB Roll Out	● YES ○ NO	
E <u>1</u>	Last Name Chinarian	Involved En	First Name	Eric	Middle NM	I. Rank DSG	
	Sex: Race: Height: Weight: M O F W 5'08" 185	Age: Shift:	EM Day	PM Regula	ar Shift 0	T Shift Off Duty	
	Unit of Assignment:	Work Assignment (I	Unit #, Module, etc	.):			
	East Los Angeles Station			Unit 28			
	Individual Force Used: Firearm		C Directed C	Rescue (Medica	al Assist 0 1	ividual Category 1	
	☐ Injured ☐ Treated ☐ Admitted Facility:					Coroner Case #	
E 2	Last Name		First Name		Middle	Park	
	Sex: Race: Height: Weight: 5'10" 175	Age: Shift:	EM ① Day (PM Regula	ar Shift 0	T Shift Off Duty	
	Unit of Assignment: East Los Angeles Station	Work Assignment (Unit #, Module, etc	.):			
	Individual Force Used:		C Directed (Rescue (Medic		ividual Category	
	Taser ☐ Injured ☐ Treated ☐ Admitted Facility:		, Birestee (TRESCUS (MOURE)	$\overline{}$	Coroner Case #	
E_	Employee # Last Name		First Name		Middle	I. Rank	
	Sex: Race: Height: Weight:	Age: Shift:) EM O Day (PM Regul	ar Shift 0	T Shift Off Duty	
	Unit of Assignment:	Work Assignment (Unit #, Module, etc	.):			
	Individual Force Used:		(Directed (Rescue (Medic		lividual Category	
	☐ Injured ☐ Treated ☐ Admitted Facility					Coroner Case #	
	Injured I realed I Admitted Tability	On Duty Su	pervisor		Addition	al Involved Employees	
	Emp # Last Name Moreno	First Name Dianne		idle I. Rank IMI SGT _{YE}	Present	Witness to Incident YES NO	
		Supervisor Compl First Name		ion	Present	Witness to Incident	
	Valle	Paul		S. SGT YE	S O NO O	YES O NO O	
		ch Commander / S First Name Aleiand	Mi	ddle I. Rank NMI LT			
	Salinas	Alejano	101	VIVII LI			
	Watch Commander / Supervising Lieutenant's Sig	nature:	Date	Copy Provided to	o Employee	by: Emp #:	
	Unit Commander (Print Name)	Unit Cor	mmander's Sig	nature:	Emp	Emp #: Date	
	FO#	PPI REVIEW C	COMPLETED		iscovery Unit Commander	CU D. 4200 (Page 04/45)	
	2434331			55pj. 5iiii		SH-R-438P (Rev. 01/13)	

Servisor's Report on Use of Foce SUSPECT INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 2 of 4

	Last Name				Suspec	t Informatio				
S_1	Last Name Dura	an	F	irst Name	Jesus		Middle Name A.		Select /eapon: Edged	
	AKA Last Name				First I	Name		Middle Name		
	Sex: Male Fem	Race:	Age: 31	Height: 5'11"	Weight 148	D.O.B: 05-10-85	Phone #1; H W	C Phone	•#2: ○ H ○ W ○ C N/A	
	Street Address:					City:		State & Zin	Codo	
	Booking #:	Prima	ary Charg	e Code:	245(a)(1)) PC Secon	ndary Charge Code:		Criminal History	
	Treated on Scene?	YES (NO Nan	ne: LAC	o Fire De	partment	Unit: Engine 16	3 Phone #:	323-560-1571	
	Hospital Admission?	Rec'd Tre							History User's guide provides direction on this entry	
	Ву:		^	ddress:	3630 E	ast Imperia	al Hwy, Lynwood	Phone #:	310-900-8900	
	Under Influence:	_		ubstance:		r senson en en en en en en en	5150 a factor in		NO User's guide provides direction on this entry	
	Date:	Time:	Abar da ara	Audio	tape:] Videotape:	Photos of Inj		ADMITS HEARING ANNOUNCEMENTS	
	Last Name		F	irst Name	Susp	ect Informati	on Middle Name	_Armed?	Select	
s_										
	AKA Last Name				First	Name		Middle Nam	e	
	Sex: Male Fem	Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: O H O V	V O C Phon	e #2: ○ H ○ W ○ C	
	Street Address:	-	1		City:		State & Zip	Code:		
	Booking #:	ary Charg	ge Code:		Seco	ndary Charge Code:		Criminal History		
	Treated on Scene? (YES (NO B	Ву:			Unit:	Phone #:		
	Hospital Admission?	Rec'd Tr	eatment /	At:			Coroner Case #:	Mental	Mental History User's guide provides direction on this entry	
	Ву:		A	Address:				Phone #:		
	Under Influence:	YES ON	IO Si	ubstance:			5150 a factor in	NO User's guide provides direction on this entry		
	Date:	Time:		Audio] Videotape:	Photos of In	juries:	ADMITS HEARING ANNOUNCEMENTS	
_	Last Name			First Name	Suspe	ct Informatio	Middle Name	_Armed	? Select	
s_								14132.51		
	AKA Last Name					Name	T	Middle Nam		
	Sex: Male Fen	Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: O H O V	V O C Phon	e#2: ○ H ○ W ○ C	
	Street Address:		-	1		City:	.1	State & Zip	Code:	
	Booking #:	Prim	ary Charg	ge Code:		Seco	ndary Charge Code:		Criminal History	
	Treated on Scene? (NO B	sy:			Unit:	Phone #:			
	Hospital Admission?	Rec'd Tr	eatment /	At:		(Coroner Case #:	Menta	History User's guide provides direction on this entry	
	Ву:		′	Address:				Phone #:		
	Under Influence:	YES ON	10 s	Substance: 5150 a factor in force				force? YES	NO User's guide provides direction on this entry	
	Date:	Time:		Audio	otape:	☐ Videotape:	☐ Photos of In	juries:	ADMITS HEARING	
	SH.R.438P (Rev. 01/13)								Suspects Involved	

S⊶ervisor's Report on Use of F⊷e EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 3 of 4

			Em	ployee Witnesse	S					
Emp. #	Last Name	Alato	orre	First Name	Jaime		Middle Name NMI			
Unit of Assignment:	1		Assignment (Unit #,	Module, etc.):	Shift:		$\overline{}$	INIV	"	
East Los Angel	es Station		Unit 28			● Day ○PM	● Re	egular 🔘	OT Off Duty	
Emp. #	Last Name	C		First Name	lone	-	Middle N			
Unit of Assignment:		Cue	/as Assignment (Unit #,	Module etc.):	Jose Shift:		T	A.		
East Los Angel	es Station	VVOIK	Unit 2			● Day ○PM	● Re	egular 🔘	OT Off Duty	
Emp. #	Last Name		Offic 25	First Name			Middle N			
				Madula -4 S	Ich:4					
Unit of Assignment:		Work	Assignment (Unit #,	Module, etc.):	Shift:	O Day PM	OR€	egular (OT Off Duty	
			Non-	Employee Witnes					0	
Last Name			First Name		Middle	Name		Age	D.O.B.	
						T=:	-		Discuss #C	
Street Address				City		Zip Code	Phone #	1	Phone #2	
			L'isat Nama		Middle	Name		Age	D.O.B.	
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Last Name			First Name		Middle	Name		Age	D.O.B.	
Street Address				City		Zip Code	Phone #	1	Phone #2	
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Street Address				City		Zip Code	Phone #	1	Phone #2	
					-				Managara -	
								∣ Addi	tional Witness	

Shervisor's Report on Use of Force

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Page 4 of 4

Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)		Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
				(HR)	High Risk

Type of Injury					Body Part Involved						
(BR) (BU) (CP) (CO) (DH)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(PW) (SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AK) (AR)		(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(LE) (NK) (NO) (SH)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED BY		FORCE USED AGAIN	Method	Type of Injury	Body Part		
Name	E# or S#	Name	E# or S#		(Code)	(Code)	
Duran	S#1		E#2	OE	NN		
	E#2	Duran	S#1	TR	PW	CH	
	E#2	Duran	S#1	TR	PW	CH	
Chinarian	E#1	Duran	S#1	FH	GS	AR/BK	
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